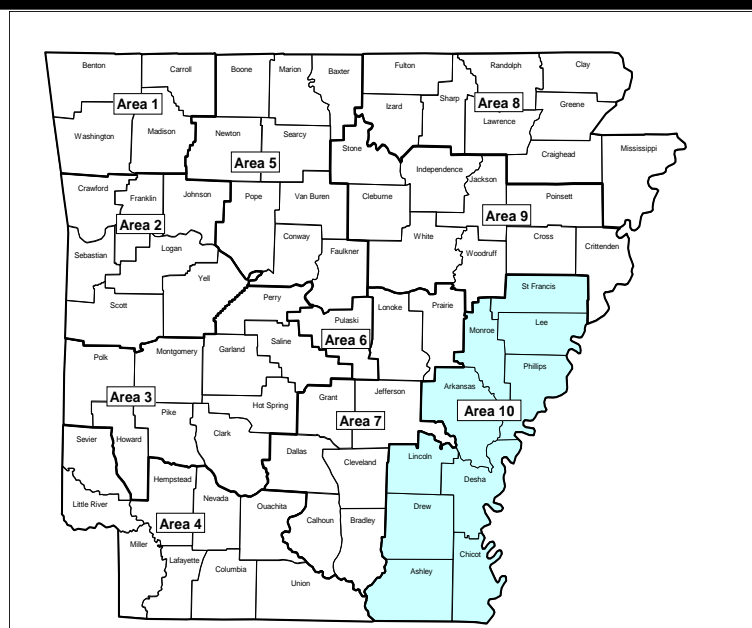


# SFY 2010

## Meta-Analysis of Area 10

### *A Compilation and Assessment of Recent Casework Data*



Produced for:  
*Arkansas Department of Human Services*  
*Division of Children and Family Services*  
*Quality Assurance Unit*

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## Executive Summary

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The Arkansas Division of Children and Family Services (DCFS) is engaged in a comprehensive effort to improve the quality of its service delivery system and the outcomes it achieves for children and families touched by the child welfare system. This effort received impetus in no small part from the recent federal Child and Family Service Review (CFSR) and is reflected in the Program Improvement Plan (PIP) the Division developed in response to its CFSR. This endeavor also integrates information from the Division's internal review process, otherwise known as the Quality Service Peer Review (QSPR), which is explicitly modeled after the onsite assessment conducted as part of the federal review.

As part of its efforts to improve services and outcomes, DCFS has committed itself to conduct an annual analysis of each of its ten Service Areas. Like the federal review, the primary issues on which this analysis focuses are safety, permanency and well-being, but a fourth focus consists of the personnel and placement resources available to achieve these outcomes. The intent of the analysis is to identify those practices and outcomes where the Area is producing well and it can serve as a model for other Areas and those practices and outcomes where the Area most needs to improve in order to contribute to the statewide reform.

### **SAFETY**

Relative to its share of Arkansas' child population, Area 10 receives a slightly lower share of the state's total maltreatment reports and it is less likely to find those reports to be true than are other parts of the state. Consistent with the lesser frequency, the Area initiates and completes more investigations on time than is true elsewhere, leaving Area 10 with only a tiny fraction of the state's overdue investigations. On the more substantive issue of repeat maltreatment, however, the Area's performance is only about the same as that of the rest of the state.

Although children in Area 10 experience a recurrence of maltreatment within six months at a slightly higher rate than children do statewide, they are actually less likely to experience a recurrence of maltreatment within 12 months than are children statewide. Data from the QSPR suggest that Area 10 caseworkers can further reduce recurrences of maltreatment by consistently providing or arranging for services that address families' identified needs.

### **PERMANENCY**

Area 10 is only one of three areas in the state to have experienced a net decrease in the number of children in foster care over the past year. Even so, the Area's foster care population remains proportionate to its share of the state's child population. Although

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the reasons for children entering care in Area 10 are similar to those found in the state as a whole, neglect and parental substance abuse are slightly less common in Area 10 than evidenced elsewhere. Children in Area 10 are significantly less likely to enter care due to sexual abuse than they are in the rest of the state.

Foster children who remain in Area 10's care at the end of the period tend to be older and to have been in care longer than foster children in the rest of the state. They are more likely than children in any other part of the state to have a goal of APPLA and less likely to have goals of reunification and adoption. Despite this, the Area returns two-thirds of its foster children home within 12 months of their entry into care and experiences fewer re-entries into care than do other areas.

Adoptions take longer in Area 10 than they do anywhere else in the state, mainly because it takes much longer to terminate parental rights. Either Area 10 staff provide families with more time and opportunities to make progress on their case plans prior to petitioning the court for a TPR and considering adoption, or Area 10 staff face greater challenges from courts in acquiring a TPR.

Neither Area 10 nor the state meet the national standards for placement stability. In Area 10, children 13 years of age and older are more than three times more likely to experience three or more placements within one year than children younger than 13. Aside from the need for more foster homes and other providers willing to care for older children and manage the more difficult behaviors inherent with this population, placement instability almost certainly results from a shortage of homes or providers located in the counties from which children are removed.

## **WELL-BEING**

Cases in Area 10 are more likely to have current Family Strengths, Needs and Risk Assessments (FSNRAs) and case plans than they are in the state as a whole. The quality of the case plans and the level of family involvement in the case planning process are, however, far below what is expected.

Caseworkers in Area 10 make three-fourths of required caseworker visits with children, regardless of whether children are removed from or remain at home. Moreover, these visits also tend to be of substantive quality—that is, they included discussion of case-related activities and goals. Among foster care cases, caseworkers consistently visited the parents of children in care; and moreover, these visits were nearly always of substantive quality.

Area 10 caseworkers do a better job at identifying and addressing the educational, physical and mental health needs of children in foster care than they do among children who remain at home.

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## RESOURCES

Compared to caseloads and caseworkers in other parts of the state, Area 10 appears to be particularly well-staffed. With only 4.8 percent of the state's total caseload and 9.4 percent of the state's caseworkers, caseworkers in Area 10 enjoy a much lower average caseload than staff do elsewhere (18.2 cases per Area 10 worker, compared to a statewide average of 35.6 cases per worker).

Although not adequate, Area 10 has a greater supply of family foster homes to meet its needs in relation to the rest of the state. Over three-fourths of its foster children placed in foster homes are currently placed in homes within the county from which they were removed, which is far better than the statewide average. Area 10 also appears to have more than its share of therapeutic foster homes, emergency shelters and comprehensive residential treatment facilities. The Area also appears to have a healthy ratio of pre-adoptive homes to children with a permanency goal of adoption, although that might not be the case if adoption outcomes were improved.

## Introduction

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The Arkansas Division of Children and Family Services (DCFS) is engaged in a comprehensive effort to improve the quality of its service delivery system and the outcomes it achieves for children and families involved in the child welfare system. This effort received impetus in no small part from the recent federal Child and Family Service Review (CFSR) and is reflected in the Program Improvement Plan (PIP) the Division developed in response to its CFSR.

The CFSR is structured around three major goals of child welfare agencies: safety, permanency, and well-being. Since the enactment of the federal Adoption and Safe Families Act of 1997, the safety of children has been explicitly recognized as the primary goal of child welfare agencies. If the safety of children is not jeopardized, the agency will attempt to provide services that will permit the children to remain at home with their parents.

If it is not possible for a child to remain safely at home, the agency will remove him or her. In such instances, the child welfare agency has a responsibility to find safe temporary placements for the child in the short term and a suitable permanent living arrangement in the long run.

Regardless of whether children remain at home or are taken into foster care, the child welfare agency must strive to ensure that the services and interventions it provides to its client children and families enhance their overall well-being, promote healthy development for the children, and help families become better able to care for their children.

As part of its efforts to improve services and outcomes, DCFS has committed itself to conduct an annual analysis of each of its service Areas. Like the federal review, the primary issues on which this analysis focuses are safety, permanency and well-being, but this study places an additional emphasis on the personnel and placement resources available to achieve these outcomes. The intent of the analysis is to identify those practices and outcomes where the Area is producing well and can serve as a model for other Areas and those practices and outcomes where the Area most needs to improve in order to contribute to the statewide reform.

This report presents the results of the first annual analysis of Area 10. It brings together information from a variety of sources, most of which should be familiar to DCFS managers but which have not been previously assembled and interpreted in a single report. Some of the sources for this meta-analysis include the monthly Workload Report and Compliance Outcome Reports (COR) which measure respectively the various casework responsibilities assigned to DCFS caseworkers and the extent to which casework activities are being carried out in accordance with agency policy. Another important source is the Quarterly Performance Report (QPR) which provides

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both descriptive and performance-related information regarding the populations being served by DCFS.

While the Workload Report, COR and QPR provide purely statistical data from CHRIS, the Division's case management and information system, the Division's Service Quality and Practice Improvement (SQPI) unit conducts more in-depth, qualitative reviews through its Quality Service Peer Review (QSPR) program. The SQPI unit selects samples of both foster care and in-home protective services cases from the agency's ten service Areas and conducts detailed reviews of these cases using data from CHRIS, hardcopy case files and interviews with key stakeholders involved with the cases. The QSPRs are explicitly modeled after the onsite review conducted as part of the CFSR, measuring the 23 federal items within the general domains of safety, permanency, and well-being, but also focusing attention on additional items of particular interest to DCFS management.

Using all of these sources, this analysis presents three types of data:

1. basic descriptive data on the populations being served by the agency and the processes through which these populations are served;
2. quantitative performance measures, usually based on examination of the entire relevant population; and
3. qualitative performance measures, usually drawn from the samples of cases reviewed in the QSPR.

Since statistics for a given DCFS Service Area have no meaning in and of themselves, the data presented in this report will always have some type of comparative standard, depending upon the type of data under consideration. The descriptive data generated from CHRIS, will always show data both for the specific Area under consideration and for the state as a whole.<sup>1</sup> This will allow the reader to assess how the Area compares to the state and to identify circumstances that might be unique to the Area.

For the quantitative performance measures presented in this report two sources exist, each with its own set of standards. The first is the CFSR. The items drawn from that process and their associated national standards<sup>2</sup> are:

1. the absence of recurrence of maltreatment (94.6 percent or more),
2. reunification within 12 months of removal (48.4 percent or more),
3. re-entry into care within 12 months (9.9 percent or less),
4. timeliness of adoptions (27.3 months or less) and

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<sup>1</sup> This convention will be followed for any data reported from any "special study" conducted by HZA, including the Administrative Case Review (ACR) conducted during the second half of State Fiscal Year 2009.

<sup>2</sup> Strictly speaking, only the first item in the list had an explicit "national standard" associated with it. The other four items were used in the calculation of composite measures for which national standards were set, but there were no explicit standards for the individual items that made up the composite measures. However, the Children's Bureau used the 75<sup>th</sup> percentile as the national standard for each composite and also provided the 75<sup>th</sup> percentile (across all states) for the individual measures. Achieving the 75<sup>th</sup> percentile on each measure in a composite would pretty much guarantee achieving the national standard, so the 75<sup>th</sup> percentile will be used as the comparative standard for these four items.

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5. placement stability (different standards for different lengths of time in care).

While the CFSR contains numerous other quantitative measures, these are the ones on which agencies most frequently focus and they are also the ones most consistent with DCFS' own methods of performance measurement. Success on each of these measures would represent significantly improved performance for the agency.

The second source of quantitative performance data presented here are items that have been generated as part of DCFS' ongoing attempts to monitor its own progress, i.e., information from the Workload Report, COR and QPR. Area-specific data from these various reports will be compared to statewide numbers to provide some sense of how the Area under consideration compares to the state as a whole. Some of the performance-related items from the CORs and QPRs also have standards established by DCFS, and these will be referred to as appropriate.

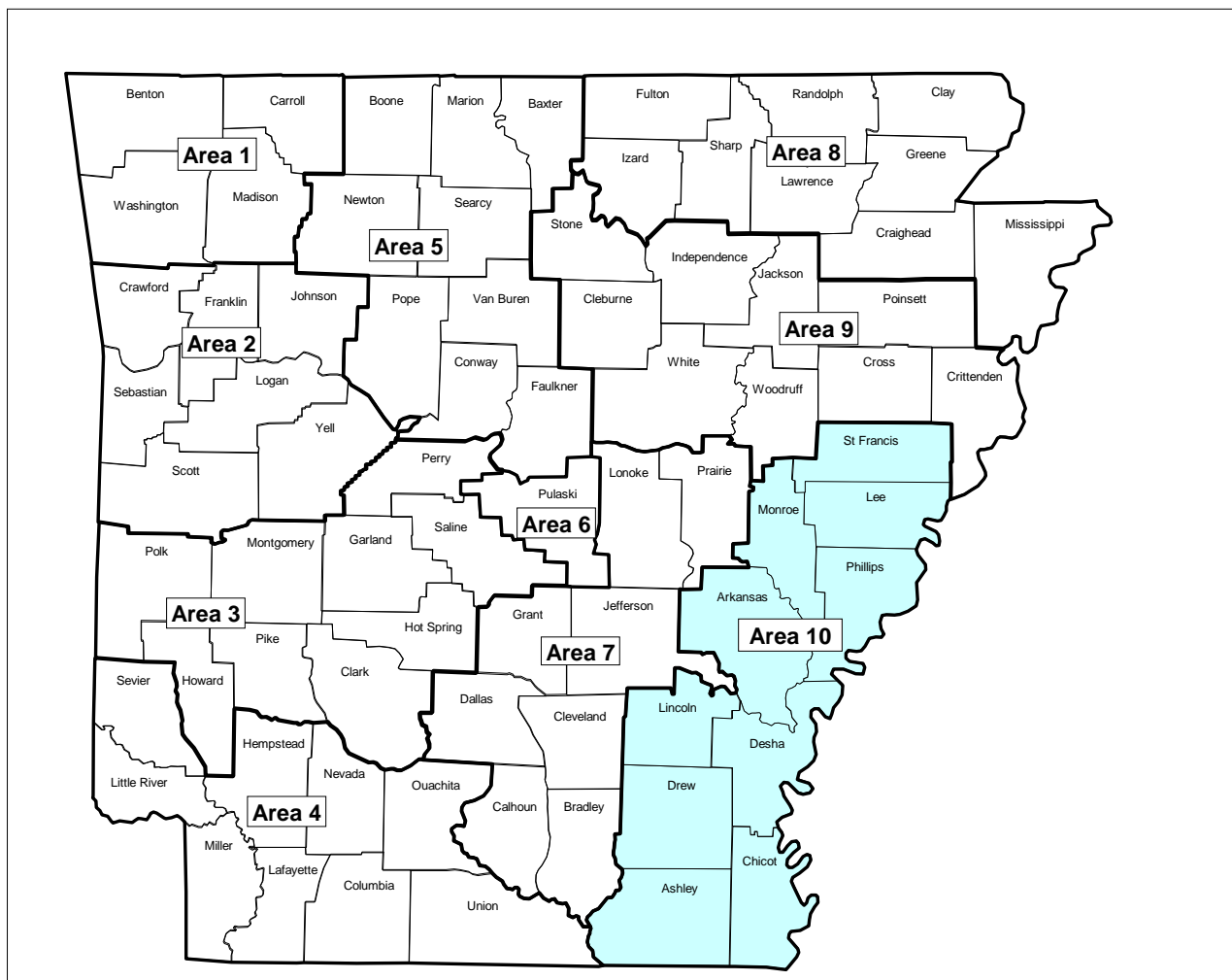
For the qualitative performance data, most of which are drawn from the QSPR, the most appropriate standard is 90 percent. This is the percentage of cases which must be rated as a "strength" in the federal CFSR for the state to be considered in conformity on that item.

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## AREA IN FOCUS: AREA 10

The present report focuses on Area 10, whose most recent QSPR occurred during September 2009. The quantitative data are drawn from the year preceding the most recently completed quarter—that is, October 2008 through September 2009. As shown in the following map, Area 10 consists of ten rural counties in the southeastern portion of the state, including St. Francis, Monroe, Lee, Phillips, Arkansas, Lincoln, Desha, Drew, Ashley and Chicot Counties. According to recently released estimates from the U.S. Bureau of the Census, these ten counties make up 5.4 percent of the state's child population.<sup>3</sup> Area 10's child population has decreased by more than 20 percent since 2000.



<sup>3</sup> U.S. Bureau of the Census, County Population Estimates for July 1, 2008 (Released May 14, 2009). The term, "child population," refers to all persons under the age of 18 years.

## AREA 10 REFERRALS, INVESTIGATIONS AND CASE OPENINGS

Reports of alleged child maltreatment<sup>4</sup> are received by the Crimes Against Children Division (CACD) of the Arkansas State Police (ASP). Operators at the CACD Hotline classify maltreatment reports according to their apparent degree of seriousness and severity, with more serious allegations assigned as Priority I and less serious reports assigned as Priority II. Per an interagency agreement between DCFS and ASP, the majority of Priority I investigations are handled by the CACD<sup>5</sup> while Priority II investigations are assigned almost exclusively to DCFS investigators.

As Table 1 shows, Area 10 received 1,535 new maltreatment referrals involving 2,168 alleged victim children during the past year, which represented 4.9 percent of both the total maltreatment reports received statewide<sup>6</sup> and the number of alleged victim children involved in those reports over the same 12 months. On an absolute basis, Area 10 receives fewer referrals by far than any other area in the state. However, on a per-capita basis (taking into account the size of its child population), children in Area 10 were only slightly less likely to be reported for maltreatment (58 children per 1000) than were children statewide (63 per 1000).

<b>Table 1: New Maltreatment Investigations Initiated During the 12-month Period Ending September 30, 2009</b>			
<b>Priority/Investigating Agency</b>	<b>Area 10</b>	<b>State</b>	<b>Area 10 as % of State</b>
I DCFS	178	3,824	4.7
CACD	338	5,986	5.6
II DCFS	983	21,075	4.7
CACD	36	592	6.1
<b>Total Investigations</b>	<b>1,535</b>	<b>31,477</b>	<b>4.9</b>
Child Population, 2008 Estimate	37,676	702,481	5.4

The frequency of the most common maltreatment allegations in Area 10 are relatively similar to those made statewide. While among Priority I referrals allegations regarding sexual contact and sexual penetration were made at slightly higher rates in the Area than in the state as a whole, the proportion of allegations among Priority II referrals in the Area were very similar to those statewide. Table 2 shows the five most prevalent

<sup>4</sup> Also known as "maltreatment referrals."

<sup>5</sup> In general, Priority I reports alleging sexual abuse are handled almost exclusively by CACD, while reports of physical abuse and "failure to protect" are assigned depending upon the level of imminent danger to the child(ren) involved. The most common types of Priority I reports assigned to DCFS investigators are those involving "threat of harm," abandonment and newborns exposed to illegal substances.

<sup>6</sup> There were 44,476 total victim children involved in the maltreatment reports received statewide over the past 12 months.

types of maltreatment allegations cited in Priority I referrals in Area 10 and statewide and the percentage of referrals in which they were mentioned, while Table 3 exhibits the same information for Priority II reports. Overall, there were only minimal differences between the Area and the rest of the state.

Table 2: Five Most Commonly Referenced Types of Maltreatment in Priority I Referrals		
Type of Maltreatment	Area 10 (%)	State (%)
Sexual Contact	43.8	41.5
Sexual Penetration	24.2	22.1
Threat of Harm	15.3	16.4
Inadequate Supervision	14.9	14.2
Failure to Protect	11.6	13.1

Table 3: Five Most Commonly Referenced Types of Maltreatment in Priority II Referrals		
Type of Maltreatment	Area 10 (%)	State (%)
Inadequate Supervision	45.6	46.3
Cuts, Bruises, Welts	17.9	17.6
Environmental Neglect	17.3	19.0
Striking child on face/head	12.1	11.5
Medical Neglect	8.3	7.3

At the conclusion of each maltreatment investigation, investigators must render a disposition as to the validity of the allegation(s) made in the maltreatment report. If the “preponderance of evidence” gathered during the course of the investigation supports the allegation(s), the report is determined to be “true.” Referrals that do not meet the preponderance of evidence criterion are determined to be “unsubstantiated.” These are the two major dispositions rendered in maltreatment investigations, although if the investigator cannot locate the family named in the referral even after making significant efforts, the report is classified as “inactive.”

When considering all investigations assigned to DCFS, regardless of priority, maltreatment reports in Area 10 are substantiated at a significantly lower rate than they are statewide—18 percent compared to 22 percent. Thus, while the odds of a child being reported for abuse or neglect are the same in Area 10 as they are in the rest of the state, the odds of a child being the subject of a “true” report of maltreatment are less. As shown in Table 4, however, all of the difference lies with the Priority II referrals. The proportion of true reports among Priority I reports is the same for Area 10 and for the state as a whole.

**Table 4:**  
**Dispositions of Maltreatment Investigations Initiated by DCFS**  
**During the 12-month Period Ending September 30, 2009, by Priority Level**

Percentage (%) of Investigations					
Priority I	Number of Investigations	True	Unsubstantiated	Inactive	Total
Area 10	160	36.9	60.6	2.5	100.0
State	3,183	36.9	60.9	2.3	100.0
Percentage (%) of Investigations					
Priority II	Number of Investigations	True	Unsubstantiated	Inactive	Total
Area 10	885	15.1	82.6	2.3	100.0
State	17,775	18.9	76.5	4.6	100.0

When a maltreatment report or court order necessitates DCFS' involvement with a family but there is not an immediate threat to any child's safety in the family's home, the agency will open an in-home protective services case on the family without removing a child from the home.<sup>7</sup> At the start of the period under review, Area 10 carried a larger proportion of the state's in-home protective services cases (eight percent) than its share of the statewide child population (five percent). During the past 12 months, however, the number of new in-home cases has increased at a lesser rate in Area 10 than in the rest of the state (see Table 5). Specifically, the number of in-home cases in Area 10 increased by three percent whereas the statewide total increased by 29 percent. As a result, the Area's current proportion of total in-home cases (6.4 percent) now more closely resembles its share of the statewide child population. While the Area's proportion of in-home cases is now more in line with its share of the state's child population, children in Area 10 are still more likely to have an open in-home case than are children elsewhere.

**Table 5:**  
**Open In-home Cases**

	Area 10	State	Area 10 as % of State
Cases as of October 1, 2008	145	1,818	8.0
Cases that Opened During Year	179	3,883	4.6
Cases that Closed During Year	175	3,359	5.2
<b>Cases as of September 30, 2009</b>	<b>149</b>	<b>2,342</b>	<b>6.4</b>

<sup>7</sup> For the purpose of this report, in-home protective services cases only include cases in which none of the children involved in the case was in foster care.

## **AREA 10 SAFETY PERFORMANCE**

### ***Timeliness of Initiating Investigations<sup>8</sup>***

To assess and ensure children's safety after the receipt of a maltreatment report, an investigation into the allegations must begin within 24 hours in the case of Priority I reports and within 72 hours in the case of Priority II reports. The Division has established a goal of having 95 percent of all investigations initiated within the specified timeframes.<sup>9</sup>

Although neither Area 10 nor the state as a whole meets that goal, although DCFS staff in Area 10 initiate a higher percentage of their assigned investigations (52 percent) in a timely manner than any other area across the state. As is the case statewide, Area staff perform significantly better with Priority I investigations than with Priority II. During the review period, 79 percent of Area 10's Priority I investigations were initiated within 24 hours, which was only slightly higher than the statewide average (76 percent). However, 47 percent of Area 10's Priority II investigations were initiated within 72 hours, well above the statewide average of 38 percent. In sum, one in five of the high priority reports in Area 10 receive a late response, compared to over half of the lower priority reports. Nevertheless, the Area performs better than the state as a whole on both measures of timeliness.

### ***Timeliness of Completing Investigations***

Regardless of priority, maltreatment investigations must be completed and a determination rendered within 30 days of receipt of the report. As with the initiation of investigations, the Division's own goal is to complete 95 percent of all investigations within 30 days.

During the last 12 months, Area 10 staff met the required 30-day timeframe for 70 percent of its investigations, making the Area the third most timely area in the state with a rate significantly higher than the statewide completion rate of 47 percent. Although its performance in relation to the rest of the state is good, Area 10's performance still falls well short of the DCFS goal.

Because investigators in Area 10 do a better job of completing investigations than investigators statewide, Area 10 carries only a small proportion (1.4 percent) of the state's overdue investigations. Moreover, when investigations are not completed within the first 30 days, staff in Area 10 still tend to complete them much sooner than do staff

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<sup>8</sup> Although there is a QSPR measure for the timeliness of initiating investigations, this section relies on data generated from CHRIS, which cover all investigations occurring in Area 1 during the review period rather than just a sample of investigations. This will be a convention for all the performance measures presented in this report; if a given measure can be generated from CHRIS data for the whole population, then those data will be used rather than data based on a sample. The complete results from the Area 10 QSPR are presented in an appendix to this report.

<sup>9</sup> All performance measures relating to investigations will consider only investigations conducted by DCFS, excluding those assigned to CACD.

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in the rest of the state. Table 6 shows the length of time the overdue investigations in Area 10 have been open, indicating that only four were more than 90 days old.

<b>Table 6:</b> <b>Overdue Investigations as of September 30, 2009</b>			
<i>Duration of Investigation</i>			
	<b>Overdue Investigations</b>	<b>90 Days or Less (%)</b>	<b>More than 90 Days (%)</b>
Area 10	26	84.6	15.4
State	1,814	63.1	36.9

### ***Preventing the Recurrence of Maltreatment***

The ultimate goal of all of the investigative, assessment and service delivery activities is, of course, to prevent the recurrence of maltreatment among children who have previously been abused or neglected. The national standard for the absence of recurrence within the six month period following a substantiated report is 94.6 percent, i.e., no more than 5.4 percent of child victims will again be abused or neglected within that time frame. As shown in Table 7, neither Area 10 nor the state as a whole meet this standard. Area 10 exhibits a slightly, but not statistically significantly, higher recurrence rate than does the state as a whole.

<b>Table 7:</b> <b>Recurrence of Maltreatment Within Six Months</b>		
	<b>Area 10</b>	<b>State</b>
Children with a True Report Between October 1, 2008 and March 31, 2009	207	4,995
Children with a Subsequent True Report Within 6 months of Initial Report	15	318
Percentage (%) of Children without a Recurrence of Maltreatment	92.8	93.6

A slightly different result appears when recurrence is measured within the first 12 months of a true report, as DCFS does in its reports to the State Legislature. As Table 8 shows, the Area experiences slight less recurrence in the first 12 months than does the state. Again, however, this is not a statistically significant difference, and the general conclusion is that the Area performs as well as but no better than the rest of the state on preventing subsequent maltreatment of children.

<b>Table 8:</b> <b>Recurrence of Maltreatment Within 12 Months</b>		
	<b>Area 10</b>	<b>State</b>
Children with a True Report Between April 1, 2008 and September 30, 2008	240	4,737
Children with a Subsequent True Report Within 12 months of Initial Report	19	492
Percentage (%) of Children without a Recurrence of Maltreatment	92.1	89.6

One way DCFS can reduce the rate at which children experience a recurrence of maltreatment is by assessing their risk and safety factors regularly and subsequently providing services to children and their families that allow children to remain safely in their own homes whenever possible. Caseworkers from Area 10 perform relatively well on this indicator, assessing children's risk factors and mitigating any existing safety factors in 87 percent of cases. In those instances where the Area falls short, it is because Area staff do not consistently conduct ongoing (as opposed to initial) risk and safety assessments.

Based on staff's assessments of children's risk and safety needs, they are to provide or arrange for appropriate services for the children's family in order to prevent children's entry into foster care or re-entry into care after reunification. Despite 87 percent of the cases having appropriate assessments, only two-thirds receive appropriate services to protect children and prevent their entry or re-entry into foster care.

## **SUMMARY: SAFETY IN AREA 10**

Relative to its share of Arkansas' child population, Area 10 receives a slightly lower share of the state's total maltreatment reports and it is less likely to find those reports to be true than are other parts of the state. Consistent with the lesser frequency, the Area initiates and completes more investigations on time than is true elsewhere, leaving Area 10 with only a tiny fraction of the state's overdue investigations. On the more substantive issue of repeat maltreatment, however, the Area's performance is only about the same as that of the rest of the state.

Although children in Area 10 experience a recurrence of maltreatment within six months at a slightly higher rate than children do statewide, they are actually less likely to experience a recurrence of maltreatment within 12 months than are children statewide. Data from the QSPR suggest that Area 10 caseworkers can further reduce recurrences of maltreatment by consistently providing or arranging for services that address families' identified needs.

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### AREA 10 FOSTER CARE POPULATION

When maltreatment necessitates the removal of a child from his or her home in order to ensure the child's safety, DCFS attempts to work with the child's family to address the issues that led to the child's removal and to allow the child to return home. If reunification is not an appropriate goal, DCFS then considers alternative permanency options such as relative placement, adoption or alternative planned permanent living arrangement (APPLA).

As of September 30, 2009, 212 children were in foster care in Area 10, comprising 5.5 percent of the statewide foster care population of 3,839 children and proportional to the Area's share of the state's overall child population (5.4 percent). The number of children in foster care in Area 10 decreased by almost four percent over the past 12 months—one of only three areas to experience a year-to-year decrease in the face of an eight percent statewide increase.

Table 9: Children in Foster Care		
	Area 10	State
Children in Care as of October 1, 2008	220	3,566
Children Entering Care During Year	164	4,124
Children Exiting Care During Year	172	3,851
<b><i>Children in Care as of September 30, 2009</i></b>	<b>212</b>	<b>3,839</b>

The dynamics of the foster care population in Area 10 are also different than those in the rest of the state. As Table 9 shows, 164 children entered care during the last 12 months, a figure which is 25 percent less than the number in care at the beginning of the year. In contrast, 16 percent more children entered care statewide than had been there at the start. However, discharges in Area 10 also occurred less frequently than they did across the state. In summary, new entries into and exits out of care in Area 10 occurred much less frequently than they did elsewhere, which means, first, that children are less likely to be removed from their homes than are children in other parts of the state and, second, that those who are removed stay in care longer.

As Table 10 illustrates on the following page, approximately 24 percent of the children in Area 10 have been in care for four years or more, compared to 17 percent of those statewide. Correspondingly, fewer children have been in care for less than one year in the Area (47 percent) when compared to the state as a whole (52 percent).

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Table 10: Length of Time Between Entering Care and September 30, 2009		
	Area 10	State
Total Children in Care	212	3,839
Percentage (%) of Children in Care Between the Following Durations		
0 to 30 Days	9.4	7.2
31 to 90 Days	9.9	11.3
91 to 180	9.4	13.1
181 to 365	17.9	20.5
1 to 3 Years	29.7	31.1
4 to 6 Years	17.0	12.2
7 to 10 Years	5.7	3.7
More than 10 Years	0.9	0.9
<b>Total</b>	<b>100.0</b>	<b>100.0</b>

The two most common reasons children enter care are the same in Area 10 and in the state as a whole—that is, neglect and parental substance abuse (see Table 11), although both are reported as removal reasons somewhat less frequently in this Area. The one reason for removal which appears significantly less frequently in Area 10 is sexual abuse. Only six percent of the children in care from Area 10 show that as a removal reason, compared to 11 percent across the state as a whole.

Table 11: Most Common Reasons Children Entered Care		
	Area 10	State
Total Children in Care	212	3,839
Total Reasons Children Entered Care	306	5,825
Percentage (%) of Children with Following Reasons		
Neglect	40.6	44.5
Substance Abuse-Parent	23.6	29.0
Physical Abuse	14.6	14.1
Child's Behavior	13.7	13.8
Inadequate Housing	11.8	8.7
Caretaker Illness	8.5	9.5
Incarceration of Parent(s)	6.6	5.8
Sexual Abuse	6.1	10.9
Truancy	4.7	7.0

Table 12 shows that children in Area 10's care are much more likely to be older (ages 14 and older) when compared to the statewide foster care population. In fact, Area 10 has the highest proportion of children ages 14 and older in the state.

Table 12: Age of Children in Care		
	Area 10	State
Total Children in Care	212	3,839
Percentage (%) of Children in Care Within Following Age Ranges		
0 to 1	13.2	15.8
2 to 5	17.5	23.2
6 to 9	14.6	16.7
10 to 13	13.7	14.7
14 and older	41.0	29.6
<b>Total</b>	<b>100.0</b>	<b>100.0</b>

Black children make up the majority of foster children in Area 10 (55 percent), but the proportion of black children in care is relatively proportionate to the Area's overall child population (51 percent).

As shown in Table 13, children in Area 10 are placed in similar proportions into foster homes, therapeutic foster homes, residential facilities and adoptive homes as they are statewide. However, the Area utilizes relative care less frequently than the rest of the state.

Table 13: Current Placement of Children in Care		
	Area 10	State
Total Children in Care	212	3,839
Percentage (%) of Children in Following Placements		
Foster Family Home	55.2	55.7
Therapeutic Foster Care	10.8	11.1
Residential Facility	9.9	11.1
Adoptive Home	4.7	4.2
Temporary Placement	3.8	1.9
Emergency Shelter	3.3	4.4
Independent Living	3.3	3.1
Youth Services	2.8	0.8
Acute / Sub-Acute CRT	2.8	4.0
Relative Care	1.9	5.3
Incarceration	1.4	0.4
ASAP Provider	0.0	0.0
Hospital/Medical	0.0	0.0
Other	0.0	0.2
<b>Total</b>	<b>100.0</b>	<b>100.0</b>

Table 14 shows that foster children in Area 10 are much less likely than children elsewhere in the state to have a permanency goal of either reunification or adoption. Conversely, the percentage of Area 10 children with the goal of APPLA is the highest in the state.

Table 14: Current Permanency Goal of Children in Care		
	Area 10	State
Total Children in Care	212	3,839
Percentage (%) of Children with the Following Goals		
Return Home	41.0	51.9
APPLA	23.1	15.0
Adoption	15.6	19.8
Remain at Home	11.3	3.8
Relative Care	5.7	2.8
Guardianship	0.0	0.4
Not Yet Established	3.3	6.3
<b>Total</b>	<b>100.0</b>	<b>100.0</b>

The differences in the the frequency of permanency goals are clearly related both to the ages of the foster children in Area 10 and to their lengths of time in stay. APPLA is, at best, only a surrogate permanency goal and is supposed to be assigned only after serious efforts to achieve reunification with parents or relatives and adoption have failed. It is also designed only for older children. The long lengths of stay, the high proportion of older children and the relative frequency of APPLA as a “permanency” goal are all likely the result of either a lack of success in achieving real permanency for the children in Area 10 or, at least in some instances, a belief that older youth do not need permanency. Either way, children remain in care longer and are more likely to age out than to become a member of a family again.

It is noteworthy that 11 percent of the foster children in Area 10 have a permanency goal of “remain at home.” Nearly four-fifths of the children with this goal have been in care for less than six months, which suggests that most of them entered care recently and their case plans have not yet been updated to reflect the change in case circumstances. Only four percent of foster children statewide have this permanency goal, three-fifths of whom entered care in the last six months.

## AREA 10 PERMANENCY PERFORMANCE

### *Reunification*

Table 15 shows nearly 66 percent of the children from Area 10 who enter foster care reunify with their families within 12 months of their removal. Children who come into care reunify at a higher rate than they do in the state as a whole (59 percent). Both exceeds the national standard of 48.4 percent.

Table 15: Reunification Within 12 Months		
	Area 10	State
Children who Entered Care Between April 1, 2008 and September 30, 2008	87	1,667
Children who Reunified Within 12 Months of their Removal from Home	57	977
Percentage (%) of Children who Reunified	65.5	58.6
* Children had to be in care for at least 8 days to be considered for this population.		

The high percentage of children returning home relatively quickly and the large number of children in care for longer periods of time suggest that Area 10's foster care population, more than that of other parts of the state, is divided into two relatively distinct groups. If children do not reunify within one year, they are more likely to remain in care for a lengthy duration and have a permanency goal other than reunification. The data are not capable of revealing whether the source of the difference lies in the clients or in the interventions.

### *Re-Entries into Care*

Across the state 11.7 percent of the children who had been reunited with their families re-entered foster care within 12 months of reunification, as shown in Table 16. In Area 10, the percentage of children re-entering care is two percentage points lower than the statewide figure. In fact, only Area 4 had a lower re-entry rate than Area 10. The national expectation for this measure is 9.9 percent, meaning that Area 10 achieved this goal although the state as a whole did not.

Table 16: Re-Entries into Care Within 12 Months		
	Area 10	State
Children who Reunified during 12-month Period Ending September 30, 2008	144	3,010
Children who Re-entered Care Within 12 Months of Reunification	14	352
Percentage (%) of Children who Re-Entered Care	9.7	11.7

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Additional analyses into re-entry rates by age show that Area 10 staff do a particularly good job at preventing re-entry among younger children, or those aged zero to 13. The re-entry rate for this younger population is eight percent compared to 16 percent for children ages 14 and older. The statewide re-entry rate for this older youth group is 14 percent. So while older children tend to re-enter care at twice the rate of younger children, Area 10 still achieves the national standard for this measure.

## ***Adoption***

Adoptions in Area 10 take more time to reach finalization than they do in any other area of the state. The median length of time from children's entry into care until the finalization of their adoption is 36.2 months, compared to the national standard of 27.3 months and the statewide median of 26.6 months.

Various factors might influence the speed at which Area 10 staff finalize adoptions. Both Area 10 staff and staff elsewhere struggled to find pre-adoptive homes for children who were older than six years of age.<sup>10</sup> Additionally, a higher proportion of foster children available for adoption in Area 10 (94 percent) than statewide (83 percent) had their permanency goal assigned to adoption only after they had been in care for at least 18 months.

Among the children whose adoptions were finalized during the past year, the median length of time from their entry into care to the termination of at least one of their parent's rights was 24 months, nine months longer than the statewide average. In fact, it takes longer to achieve a termination of parental rights (TPR) in Area 10 than it does in any other area. Either Area 10 staff provide families with more time and opportunities to make progress on their case plans prior to petitioning the court for a TPR and consideration of adoption, or Area 10 staff face greater challenges from courts in acquiring a TPR.

After a TPR occurs in Area 10, the average length of time between a TPR and adoption finalization was 12 months, which is similar to the statewide rate. Thus, reducing the length of time between a child's entry into care and TPR would improve the timeliness of children achieving permanency via adoption.

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<sup>10</sup> Only 21 percent of adoptions finalized in Area 10 during the past year involved children older than six years old, but this was still higher than the proportion of children older than six statewide who had their adoption finalized (17 percent).

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## ***Placement Stability***

The issue of multiple placements of children in foster care has long been a concern for DCFS, especially after the state's performance during the second round of CFSRs. At the time of its federal review, Arkansas ranked 47th out of 51 states in terms of placement stability.

The state's overall ranking on placement stability in the CFSR was based on the percentage of children with two or fewer placements measured for subpopulations in care for varying lengths of time. Table 17 shows that both Area 10 and the state as a whole failed to achieve the national standard for any of the populations. Area 10 performed slightly better than the rest of the state for children in care for longer than two years, but its performance among children who were in care for shorter periods of time was similar to that of the state as a whole.

<b>Table 17: Placement Stability</b>			
<b><i>Percentage (%) of Children with Two or Fewer Placement Settings By Length of Time in Care</i></b>			
<b>Length of Time in Care</b>	<b>Area 10</b>	<b>State</b>	<b>National Standard</b>
At least 8 Days but less than 12 Months	75.4	75.0	86.0
At least 12 Months but less than 24 Months	48.2	46.0	66.1
24 Months or more	23.4	17.2	41.8

For both Area 10 and statewide, a comparison between children who experienced two or fewer placements and those who experienced three or more placements in the past 12 months shows that white children's placements are less stable than are those of black children. Additionally, children 13 years and older were more than three times as likely as younger children<sup>11</sup> to experience at least three placement settings. More older children in Area 10 (50 percent) have had more than two placements than is the case statewide (38 percent).

Children who moved frequently were also more likely to have entered care due to neglect, substance abuse<sup>12</sup> and behavioral problems, and they were significantly more likely to be placed outside of the county from which they were removed.<sup>13</sup> The Area's placement stability outcomes are almost certainly negatively affected by a shortage of appropriate local foster care providers that can handle older children and children with difficult behavior, as these are the children most likely to move often while in care.

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<sup>11</sup> Fifteen percent of children younger than 13 years of age in Area 10 experienced three or more placements, compared to 21 percent of such children statewide.

<sup>12</sup> Includes parental and child substance abuse.

<sup>13</sup> Nearly 69 percent of children from Area 10 who experienced two or fewer moves over the past year were placed in a foster care provider in their home county, whereas less than 43 percent of children who experienced three or more moves over the past year were placed in a provider in their home county.

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## ***Continuity of Relationships for Children in Care***

Part of ensuring permanency and stability for children involves preserving their relationships and connections to family and friends. This means the agency must make concerted efforts to:

1. ensure that children's foster care placements were in close proximity to their parents and/or siblings;
2. ensure that visits between children and their parents and/or siblings were of sufficient frequency and quality;
3. maintain children's connections to their local community and extended family;
4. place children with relatives when appropriate; and
5. promote and support positive relationships between children and the caregivers from whom they were removed.<sup>14</sup>

Based on the results of Area 10's most recent QSPR, agency staff perform well at placing children in foster care in close proximity to their parents and siblings, but less well on other items do not meet compliance standards.

Area 10 caseworkers do not make sufficient efforts to maintain foster children's important connections—that is, connections to their local community and extended family—in 23 percent of cases. Similarly, staff also do not make enough efforts to place children with relatives in 23 percent of cases in which such placements could have been possible. In these cases, caseworkers fail to contact or follow up with relatives when there is a potential placement. In some instances the relatives lived out of state and the lack of follow-through has involved a failure to comply with Interstate Compact procedures.

Despite the fact that Area 10 staff place children in close proximity to their parents and siblings, in one-third of the cases they still failed to ensure sufficient visitation between children and their parents and siblings. Reasons cited by staff for not providing visitation include transportation issues and behavioral problems.

In addition to improving the frequency of visitation between children and their families, Area 10 staff also need to do a better job of promoting, supporting and maintaining positive relationships between foster children and their parents beyond mere visitation. Some examples of efforts that go beyond basic visitation include encouraging parents' participation in school activities or attending doctors' appointments with the child; providing opportunities for therapeutic situations to help strengthen the relationship between children and their parents; and encouraging children's foster parents to provide mentoring and serve as a role model to children's biological parents by assisting them with appropriate parenting practices. Such efforts are not made in more than a quarter of cases. Agency staff often make such efforts between children and at least one of their parents, but sometimes they do not make such efforts with the child's second parent.

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<sup>14</sup> The QSPR items relating to these issues are located in the Appendix.

## **SUMMARY: PERMANENCY IN AREA 10**

Area 10 is only one of three areas in the state to have experienced a net decrease in the number of children in foster care over the past year. Even so, the Area's foster care population remains proportionate to its share of the state's child population. Although the reasons for children entering care in Area 10 are similar to those found in the state as a whole, neglect and parental substance abuse are slightly less common in Area 10 than evidenced elsewhere. Children in Area 10 are significantly less likely to enter care due to sexual abuse than they are in the rest of the state.

Foster children who remain in Area 10's care at the end of the period tend to be older and to have been in care longer than foster children in the rest of the state. They are more likely than children in any other part of the state to have a goal of APPLA and less likely to have goals of reunification and adoption. Despite this, the Area returns two-thirds of its foster children home within 12 months of their entry into care and experiences fewer re-entries into care than do other areas.

Adoptions take longer in Area 10 than they do anywhere else in the state, mainly because it takes much longer to terminate parental rights. Either Area 10 staff provide families with more time and opportunities to make progress on their case plans prior to petitioning the court for a TPR and considering adoption, or Area 10 staff face greater challenges from courts in acquiring a TPR.

Neither Area 10 nor the state meet the national standards for placement stability. In Area 10, children 13 years of age and older are more than three times more likely to experience three or more placements within one year than children younger than 13. Aside from the need for more foster homes and other providers willing to care for older children and manage the more difficult behaviors inherent with this population, placement instability almost certainly results from a shortage of homes or providers located in the counties from which children are removed.

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### **AREA 10 WELL-BEING PERFORMANCE**

Of the three major child welfare outcomes —safety, permanency and well-being—well-being is arguably the least concrete and thus the most difficult to measure. For the purpose of this report, children's well-being measures whether DCFS has provided the family with enhanced capacity and whether it has provided children with appropriate services to achieve their physical, mental health and educational needs. These measures apply to both in-home protective services and foster care cases.

#### ***Enhanced Family Capacity***

The measures of agency efforts to enhance families' capacity to care for their children include:

1. the agency's assessment of needs and provision of appropriate services to children, parents and foster parents;
2. children and families' involvement in the case planning process;
3. caseworker visits with children in their placements; and
4. caseworker visits with the children's parents.

As has been the case in other areas, Area 10 does a better job of assessing the needs and providing appropriate services to families involved in foster care cases than to those involved with DCFS through in-home protective services cases. Staff adequately assess and provide services in 80 percent of foster care cases, but in just over half (53 percent) of in-home cases. In several cases, the agency neither appropriately assesses the needs nor provides services to the family; in other instances, the agency appropriately assesses the family's needs but does not provide the services it has identified for the family.

Area 10 also struggles to engage families in case planning. Neither children nor their families are involved in the case planning process in approximately one-third of the cases in Area 10, far below the federal standard. Children who were old enough to participate are not involved about a third of the time. Of the parental stakeholders, children's fathers are less likely to be involved; they are included in less than half of the cases. Mothers are excluded a quarter of the time. A recurrent theme regarding case planning involved the inclusion of one parent and the exclusion of another.

The primary mechanisms within DCFS for conducting assessments of needs and planning for services are the Family, Strength, Needs and Risk Assessments (FSNRAs) and case plans. These documents serve as instruments that monitor case progress. Caseworkers must conduct an initial FSNRA and develop an initial case plan within 30

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days of a case opening and review and update FSNRAs and case plans every six months thereafter.

<b>Table 18:</b> <b>Current FSNRAs and Case Plans as of September 30, 2009</b>						
	<b>In-Home Cases</b>		<b>Children in Care</b>		<b>Total Cases</b>	
	<b>Current FSNRA (%)</b>	<b>Current Case Plan (%)</b>	<b>Current FSNRA (%)</b>	<b>Current Case Plan (%)</b>	<b>Current FSNRA (%)</b>	<b>Current Case Plan (%)</b>
Area 10	71.1	74.8	72.2	88.4	71.8	82.9
State	51.7	52.5	51.8	76.2	51.8	67.6

As shown in Table 18, children in foster care across the state were more likely to have current case plans (76 percent) than were children in in-home cases (53 percent). However, FSNRAs were just as likely to be current among in-home cases as they were for children in foster care (both at 52 percent). In Area 10, the percentages of cases and children in care with current FSNRAs and case plans were considerably higher than the statewide figures.

## Visits

Regardless of whether children and families are involved with DCFS through an in-home protective services case or through a foster care case, policy requires that caseworkers make monthly, face-to-face visits with the clients. For in-home cases, caseworkers must visit the family members in their home; for each foster care case, however, caseworkers must both (1) visit each child in his or her placement setting and (2) visit the child's parents or primary caregiver.

<b>Table 19:</b> <b>Compliance in Meeting Required Caseworker Visitation</b>		
	<b>Visits in In-Home Cases (%)</b>	<b>Visits to Children in Foster Care (%)</b>
Area 10	76.3	75.2
Statewide	50.1	64.6

Among in-home cases, Area 10 caseworkers made significantly more required visits to the family's home than did caseworkers statewide (see Table 19).<sup>15</sup> Area 10 made more than three-fourths of its required monthly visits for in-home cases. The statewide average is much lower, as only 50 percent of monthly visits were made among all areas.

<sup>15</sup> DCFS reports this measure in its Compliance Outcome Report and Quarterly Performance Review; compliance on required caseworker visits was measured during the last three months (July through September 2009).

Despite Area 10 staff's relative success at completing visits to families in in-home cases, the visits made by caseworkers to see the children and families in these cases are often of poor substantive quality—i.e., the visits do not address issues pertaining to safety, permanency, and well-being of the child, nor do they promote the achievement of case goals. Only three-fifths of caseworkers' visits to see families in in-home cases were deemed to be of substantive quality during the past year.

Area 10 caseworkers also completed more required visits (75 percent) to see foster children in their provider placements than is the case statewide (65 percent). Furthermore, caseworker visits with children in foster care were nearly always (93 percent) of substantive quality, and thereby relevant to case goals and the child's well-being.

In addition to visiting children in foster care, caseworkers must visit children's parents on a monthly basis to discuss and assess case-related goals and activities. For cases in which such visitation was considered appropriate in Area 10, caseworkers completed visits to see foster children's parents with greater frequency than they visited children in care. Specifically, Area 10 staff visited 89 percent of children's parents on a consistent basis. What's more, the quality of such visits was quite good, as 89 percent of them were deemed to be of substantive quality.

### ***Educational, Physical Health and Mental Health Needs***

Regardless of whether children remain at home or enter foster care, DCFS must make efforts to meet each child's educational needs. In Area 10, caseworkers meet children's educational needs in 70 percent of the cases, meaning that the Area falls below the federal standard of 90 percent. Staff make adequate efforts to identify and address children's educational needs in 82 percent of foster care cases, but do so in only 56 percent of in-home cases.

Among cases in which the review found that children's educational needs were not met, Area 10 caseworkers identified that an older child needed educational testing to prepare him to take the GED, but the agency never followed through on arranging for the service. In another instance, local staff never enrolled a child into specialized daycare even though the child suffered from developmental delays and the child's foster parent had requested the service.

In addition to meeting children's educational needs, agency staff must monitor and address their physical and mental health needs. Area 10 staff tend to foster children's physical health and mental health needs on a much more consistent basis than they do for children who remain at home. Nearly all of foster children's physical and mental health needs are identified and addressed; among children who stay at home, however, their needs are addressed at much lower rates—specifically, 56 percent have their physical health needs met and 71 percent have their mental health needs met. As a result, Area 10's performance on foster care cases exceeds the federal standard

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relating to mental health needs and comes close to meeting the standard regarding physical health needs, but Area 10 staff do not provide the same level of detail to children who remain at home.

## **SUMMARY: WELL-BEING IN AREA 10**

Cases in Area 10 are more likely to have current Family Strengths, Needs and Risk Assessments (FSNRAs) and case plans than they are in the state as a whole. The quality of the case plans and the level of family involvement in the case planning process are, however, far below what is expected.

Caseworkers in Area 10 make three-fourths of required caseworker visits with children, regardless of whether children are removed from or remain at home. Moreover, these visits also tend to be of substantive quality—that is, they included discussion of case-related activities and goals. Among foster care cases, caseworkers consistently visited the parents of children in care; and moreover, these visits were nearly always of substantive quality.

Area 10 caseworkers do a better job at identifying and addressing the educational, physical and mental health needs of children in foster care than they do among children who remain at home.

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## Resources

For a public child welfare agency to be successful in helping children and families achieve safety, permanency and well-being, a variety of different kinds of resources are required. Two of the most important of those are examined here: caseworker resources and placement resources. An overview of the available resources, and the workload challenges faced by personnel, allow for a more accurate assessment of Area 10's performance.

### ***Caseworkers and Workloads***

Below, Table 20 presents summary statistics on the caseloads in Area 10 as of September 30, 2009. The rightmost column of the table expresses Area 10's statistics as a percentage of those for the state as a whole.

<b>Table 20: Summary of Caseloads for Area 10 and Statewide*</b>			
<b>Type of Case</b>	<b>Area 10</b>	<b>State</b>	<b>Area 10 as % of State</b>
Investigations			
Primary	199.00	6,090.00	3.3
Secondary	37.00	743.50	5.0
Supportive Services Cases	62.00	336.00	18.5
Protective Services Cases	189.00	3,338.00	5.7
Foster Care Cases <sup>16</sup>	208.00	3,924.50	5.3
Pre-Adoptive Cases <sup>17</sup>	8.00	65.50	12.2
ICPC Cases	5.75	123.25	4.7
Inquiries	1.00	81.00	1.2
Total Caseload	709.75	14,701.75	4.8
Total Caseworkers	39	413	9.4
Average Caseload	18.20	35.60	
* Caseload Numbers from September 2009 Workload Report (by Area/County)			

Workers in Area 10 carry significantly lower workloads (18.2) than workers statewide (35.6). In fact, Area 10 workers maintain lower caseloads by far than those in any other area in the state. Furthermore, the Area's proportion of the state's caseload (4.8 percent) is right in line with its share of incoming investigations (4.9 percent). When these statistics are considered along with the fact that Area 10 has more than nine percent of the state's total number of caseworkers, the obvious conclusion is that Area 10 is richly staffed relative to the rest of the state.

<sup>16</sup> Each child in foster care in the Area represents a single foster care case on caseworkers' workloads.

<sup>17</sup> Each child in a pre-adoptive placement in the Area represents a pre-adoptive case on caseworkers' workloads.

## **Available Foster Homes**

Of the 212 children in care in Area 10, 117 were residing in foster homes as of September 30, 2009. There are, however, only 79 foster homes in the Area (see Table 21), suggesting that when a child needs to be placed in a family foster home there are not likely to be many alternatives. Nevertheless, that is an improvement over the situation a year ago. While Area 10's total foster care population decreased slightly (by four percent) during the year, the number of available foster homes increased (by 13 percent).

The Area's child-to-foster home ratio improved somewhat over the past year, dropping to 2.7 children per home, one of the best ratios in the state.<sup>18</sup> The rest of the state recruited foster homes at twice the rate they were recruited in Area 10, but neither the Area nor the state as a whole has a sufficient number of homes.

<b>Table 21: Available Foster Homes</b>		
	<b>Area 10</b>	<b>State</b>
Available Foster Homes as of October 1, 2008	70	914
New Foster Homes Recruited During Year	17	443
Foster Homes that Closed During Year	8	205
<b>Available Foster Homes as of September 30, 2009</b>	<b>79</b>	<b>1,152</b>

An increase in foster family homes is important since it allows children who are removed from their homes to be placed within their communities. In Area 10, more than three-fourths of children placed in foster homes are placed in homes in their home counties, compared to just over half of all children statewide (see Table 22). Placing children out their home counties generally means that it is more difficult to preserve their relationships and connections with family and friends. Additionally, the range of appropriate placements available to workers also impacts children's placement stability.

<b>Table 22: Location of Children Placed in a Foster Home</b>		
	<b>Area 10</b>	<b>State</b>
Total Children Placed in Foster Homes	117	2,138
<b>Percentage (%) of Children Placed Outside of Home County</b>		
Placed in Foster Home in Home County	76.1	54.2
Placed in Foster Home in Different County	23.9	45.8
<b>Total</b>	<b>100.0</b>	<b>100.0</b>

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<sup>18</sup> The child-to-foster home ratio in Area 10 (2.7) is tied with four other Areas for the best such ratio in the state.

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More teenagers are placed outside of their home counties in Area 10 and experience more moves than is the case statewide. Consequently, there is still a need to recruit foster homes and other providers that can manage teenage children for longer durations. Aside from the need for more foster homes and other providers willing to care for older children and manage the more difficult behaviors inherent with this population, there is also a need for these homes to be located in the counties from which children are removed.

### ***Other Foster Care Providers***

As Table 23 shows, Area 10 has a disproportionate share of emergency shelters, comprehensive residential treatment (CRT) providers and therapeutic foster care homes in relation to the rest of the state. Meanwhile, the Area's share of residential facilities is in line with its share of the state foster care population.

<b>Table 23: Other Common Providers for Children in Care</b>			
<b>Provider Type</b>	<b>Area 10</b>	<b>State</b>	<b>Area 10 as % of State</b>
Therapeutic Foster Home	54	277	19.5
Residential Facility	8	164	4.9
Acute/Sub-Acute CRT*	3	26	11.5
Emergency Shelter	3	21	14.3
ASAP** Provider	0	9	0.0
<b>Children in Care</b>	<b>212</b>	<b>3,839</b>	<b>5.5</b>
* Comprehensive Residential Treatment ** Adolescent Sexual Abusers Program			

### ***Available Pre-Adoptive Homes***

As was the case with foster homes, resource staff in Area 10 have done a good job over the past year in terms of recruiting pre-adoptive homes. As shown in Table 24, Area 10 increased its total number of available pre-adoptive homes over the past year from 25 to 45, an increase of 80 percent. Meanwhile, the statewide total of pre-adoptive homes increased by 41 percent.

<b>Table 24: Available Pre-Adoptive Homes</b>		
	<b>Area 10</b>	<b>State</b>
Available Pre-Adoptive Homes as of October 1, 2008	25	562
New Pre-Adoptive Homes Recruited During Year	21	411
Pre-Adoptive Homes that Closed During Year	1	183
<b><i>Available Pre-Adoptive Homes as of September 30, 2009</i></b>	<b>45</b>	<b>790</b>
Children with Permanency Goal of Adoption as of September 30, 2009	33	761

When considering the number of children with a goal of adoption, Area 10 appears to recruit an adequate supply of pre-adoptive homes. The Area's ratio of nearly 1.4 pre-adoptive homes per available child is higher than the roughly one-to-one ratio found statewide.

### **SUMMARY: RESOURCES IN AREA 10**

Compared to caseloads and caseworkers in other parts of the state, Area 10 appears to be particularly well-staffed. With only 4.8 percent of the state's total caseload and 9.4 percent of the state's caseworkers, caseworkers in Area 10 enjoy a much lower average caseload than staff do elsewhere (18.2 cases per Area 10 worker, compared to a statewide average of 35.6 cases per worker).

Although not adequate, Area 10 has a greater supply of family foster homes to meet its needs in relation to the rest of the state. Over three-fourths of its foster children placed in foster homes are currently placed in homes within the county from which they were removed, which is far better than the statewide average. Area 10 also appears to have more than its share of therapeutic foster homes, emergency shelters and comprehensive residential treatment facilities. The Area also appears to have a healthy ratio of pre-adoptive homes to children with a permanency goal of adoption, although that might not be the case if adoption outcomes were improved.



## Appendix: QSPR Results

**QSPR Safety Outcome 1: Children are, first and foremost, protected from abuse and neglect.**

QSPR Item 1: Timeliness of Investigations						
	In-home Cases		Foster Care Cases		Total Cases	
	N	%	N	%	N	%
Strength	6	60.0	7	77.8	13	68.4
Area Needing Improvement	4	40.0	2	22.2	6	31.6
<b><i>Applicable Cases</i></b>	<b>10</b>	<b>100.0</b>	<b>9</b>	<b>100.0</b>	<b>19</b>	<b>100.0</b>

QSPR Item 2: Repeat Maltreatment						
	In-home Cases		Foster Care Cases		Total Cases	
	N	%	N	%	N	%
Strength	2	66.7	3	100.0	5	83.3
Area Needing Improvement	1	33.3	0	0.0	1	16.7
<b><i>Applicable Cases</i></b>	<b>3</b>	<b>100.0</b>	<b>3</b>	<b>100.0</b>	<b>6</b>	<b>100.0</b>

**QSPR Safety Outcome 2: Children are safely maintained in their homes whenever possible and appropriate.**

QSPR Item 3: Services to Prevent Removal						
	In-home Cases		Foster Care Cases		Total Cases	
	N	%	N	%	N	%
Strength	11	73.3	6	100.0	17	81.0
Area Needing Improvement	4	26.7	0	0.0	4	19.0
<b><i>Applicable Cases</i></b>	<b>15</b>	<b>100.0</b>	<b>6</b>	<b>100.0</b>	<b>21</b>	<b>100.0</b>

QSPR Item 4: Risk of Harm						
	In-home Cases		Foster Care Cases		Total Cases	
	N	%	N	%	N	%
Strength	11	73.3	15	100.0	26	86.7
Area Needing Improvement	4	26.7	0	0.0	4	13.3
<b><i>Applicable Cases</i></b>	<b>15</b>	<b>100.0</b>	<b>15</b>	<b>100.0</b>	<b>30</b>	<b>100.0</b>

**QSPR Permanency Outcome 1: Children have permanency and stability in their living situations.**

QSPR Item 5: Foster Care Re-Entry		
	Foster Care Cases	
	N	%
Strength	5	100.0
Area Needing Improvement	0	0.0
<b><i>Applicable Cases</i></b>	<b>5</b>	<b>100.0</b>

QSPR Item 6: Stability of Foster Care Placement		
	Foster Care Cases	
	N	%
Strength	9	64.3
Area Needing Improvement	5	35.7
<b><i>Applicable Cases</i></b>	<b>14</b>	<b>100.0</b>

QSPR Item 7: Appropriate Permanency Goal for Child		
	Foster Care Cases	
	N	%
Strength	13	86.7
Area Needing Improvement	2	13.3
<b><i>Applicable Cases</i></b>	<b>15</b>	<b>100.0</b>

QSPR Item 8: Reunification, Guardianship, and Placement with Relatives		
	Foster Care Cases	
	N	%
Strength	8	88.9
Area Needing Improvement	1	11.1
<b><i>Applicable Cases</i></b>	<b>9</b>	<b>100.0</b>

QSPR Item 9: Adoption		
	Foster Care Cases	
	N	%
Strength	5	83.3
Area Needing Improvement	1	16.7
<b><i>Applicable Cases</i></b>	<b>6</b>	<b>100.0</b>

QSPR Item 10: Alternative Planned Permanent Living Arrangement		
	Foster Care Cases	
	N	%
Strength	4	100.0
Area Needing Improvement	0	0.0
<b><i>Applicable Cases</i></b>	<b>4</b>	<b>100.0</b>

**QSPR Permanency Outcome 2: The continuity of family relationships and connections is preserved for children.**

QSPR Item 11: Proximity of Placement		
	Foster Care Cases	
	N	%
Strength	10	90.9
Area Needing Improvement	1	9.1
<b><i>Applicable Cases</i></b>	<b>11</b>	<b>100.0</b>

QSPR Item 12: Placement with Siblings		
	Foster Care Cases	
	N	%
Strength	8	72.7
Area Needing Improvement	3	27.3
<b><i>Applicable Cases</i></b>	<b>11</b>	<b>100.0</b>

**QSPR Item 13:  
Visiting with Parents and Siblings in Foster Care**

	Foster Care Cases	
	N	%
Strength	9	69.2
Area Needing Improvement	4	30.8
<b><i>Applicable Cases</i></b>	<b>13</b>	<b>100.0</b>

**QSPR Item 14:  
Preserving Connections**

	Foster Care Cases	
	N	%
Strength	10	76.9
Area Needing Improvement	3	23.1
<b><i>Applicable Cases</i></b>	<b>13</b>	<b>100.0</b>

**QSPR Item 15:  
Placement with Relatives**

	Foster Care Cases	
	N	%
Strength	10	76.9
Area Needing Improvement	3	23.1
<b><i>Applicable Cases</i></b>	<b>13</b>	<b>100.0</b>

**QSPR Item 16:  
Relationship of Child in Care with Parents**

	Foster Care Cases	
	N	%
Strength	8	72.7
Area Needing Improvement	3	27.3
<b><i>Applicable Cases</i></b>	<b>11</b>	<b>100.0</b>

**QSPR Well-Being Outcome 1: Families have enhanced capacity to provide for their children's needs.**

QSPR Item 17: Needs/Services of Child, Parents and Foster Parents						
	In-home Cases		Foster Care Cases		Total Cases	
	N	%	N	%	N	%
Strength	8	53.3	12	80.0	20	66.7
Area Needing Improvement	7	46.7	3	20.0	10	33.3
<b><i>Applicable Cases</i></b>	<b>15</b>	<b>100.0</b>	<b>15</b>	<b>100.0</b>	<b>30</b>	<b>100.0</b>

QSPR Item 18: Child/Family Involvement in Case Planning						
	In-home Cases		Foster Care Cases		Total Cases	
	N	%	N	%	N	%
Strength	10	66.7	9	64.3	19	65.5
Area Needing Improvement	5	33.3	5	35.7	10	34.5
<b><i>Applicable Cases</i></b>	<b>15</b>	<b>100.0</b>	<b>14</b>	<b>100.0</b>	<b>29</b>	<b>100.0</b>

QSPR Item 19: Worker Visits with Child						
	In-home Cases		Foster Care Cases		Total Cases	
	N	%	N	%	N	%
Strength	10	66.7	14	93.3	24	80.0
Area Needing Improvement	5	33.3	1	6.7	6	20.0
<b><i>Applicable Cases</i></b>	<b>15</b>	<b>100.0</b>	<b>15</b>	<b>100.0</b>	<b>30</b>	<b>100.0</b>

QSPR Item 20: Worker Visits with Parents						
	In-home Cases		Foster Care Cases		Total Cases	
	N	%	N	%	N	%
Strength	10	66.7	6	66.7	16	66.7
Area Needing Improvement	5	33.3	3	33.3	8	33.3
<b><i>Applicable Cases</i></b>	<b>15</b>	<b>100.0</b>	<b>9</b>	<b>100.0</b>	<b>24</b>	<b>100.0</b>

**QSPR Well-Being Outcome 2: Children receive appropriate services to meet their educational needs.**

QSPR Item 21: Educational Needs of Child						
	In-home Cases		Foster Care Cases		Total Cases	
	N	%	N	%	N	%
Strength	5	55.6	9	81.8	14	70.0
Area Needing Improvement	4	44.4	2	18.2	6	30.0
<b><i>Applicable Cases</i></b>	<b>9</b>	<b>100.0</b>	<b>11</b>	<b>100.0</b>	<b>20</b>	<b>100.0</b>

**QSPR Well-Being Outcome 3: Children receive adequate services to meet their physical and mental health needs.**

QSPR Item 22: Physical Health of Child						
	In-home Cases		Foster Care Cases		Total Cases	
	N	%	N	%	N	%
Strength	5	55.6	13	100.0	18	81.8
Area Needing Improvement	4	44.4	0	0.0	4	18.2
<b><i>Applicable Cases</i></b>	<b>9</b>	<b>100.0</b>	<b>13</b>	<b>100.0</b>	<b>22</b>	<b>100.0</b>

QSPR Item 23: Mental Health of Child						
	In-home Cases		Foster Care Cases		Total Cases	
	N	%	N	%	N	%
Strength	5	71.4	8	88.9	13	81.3
Area Needing Improvement	2	28.6	1	11.1	3	18.8
<b><i>Applicable Cases</i></b>	<b>7</b>	<b>100.0</b>	<b>9</b>	<b>100.0</b>	<b>16</b>	<b>100.0</b>